•							Application or Docket Number							
	PATENT APPLICATION FEE DETERMINATION RECOF													
Effective December 29, 1999							09/644/190							
CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER	OTHER THAN			
(Column 1) (Column 2)								E	OR	SMALL	ENTITY			
FOR			NUMBE	R FILED	NUMBER EXTRA		RATI			RATE	FEE			
BASIC FEE			A Secretary				A form	345.00	OR	\$10 L 10	690.00			
TOTAL CLAIMS			30	minus 2	20= * /0	)= · \( \( \int \)		=	OR	X\$18=	180			
INDEPENDENT CLAIMS			05	minus	3= 1)		X39=		1	V70	10			
MULTIPLE DEPENDENT CLAIM PRESENT							\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	OR	X/0=\	1500			
							+130	<b>=</b> .	OR	+260=				
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	L	OR	TOTAL	1026-			
CLAIMS AS AMENDED - PART II									_	OTHER				
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMAL	LENTITY	OR	SMALL				
AMENDMENT A		REM	AINING		NUMBER PREVIOUSLY	PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL			
			TER NDMENT		PAID FOR	EXTRA	113.10	FEE		100.00	FEE			
NDN	Total	*		Minus	**	=.	X\$ 9=	=	OR	X\$18=				
ME	Independent	*		Minus	***	=	X39=	:	OR	X78=				
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						100		1	.000				
							+130=		OR	+260=				
							TOT.		OR	TOTAL ADDIT. FEE				
	· 486		umn 1) AIMS	lama da da sanga	(Column 2) HIGHEST	(Column 3)				· · · · · ·				
AMENDMENT B	RE		MAINING FTER		NUMBER	PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL			
			NDMENT		PREVIOUSLY PAID FOR	EXTRA	, nate	FEE		naic	FEE			
	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=				
	Independent	*		Minus	***	=	X39=		OR	X78=				
_	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PENDENT CLAIM		400		1	000				
	•						+130=		OR	+260=				
							TOT.		OR	TOTAL ADDIT. FEE				
•			umn 1) AIMS	PER LANGUAGE A	(Column 2)	(Column 3)								
AMENDMENT C		REM	AINING		HIGHEST NUMBER	PRESENT	DATE	ADDI-		DATE	ADDI-			
			TER NDMENT	20 m	PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE			
	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=				
	Independent	*		Minus	***	=	X39=		OR	X78=				
•	CIDAT ODEAC	AITATIO	AL OF 141	HITIDI C CC	SENDENT OF A 184			•						

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

+130=

TOTAL ADDIT. FEE

+260=

TOTAL ADDIT. FEE